## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

as for

appropriate. All further indicated unless corrects maintenance fee notificar	torm should be used I correspondence including d below or directed of tions.	or tran ig the ierwise	smitting the ISSI Patent, advance or in Block I, by (a	FE FEE and PUBLICA's rders and notification of a) specifying a new com-	FION FEE (if requi maintenance Iees w espondence address;	ired). Blocks ill be maile and/or (b)	s 1 through 5 st d to the current indicating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDS	INCE ADDRESS (Note: Use B	sery closings of address)	No Fe pa	Note: A certificate of mailing can only be used for domestic mailings of the Fet(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
466 7500 12/15/2008 YOUNG & THOMPSON 209 Madison Street Suite 500 ALEXANDRIA, VA 22314					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmital is being deposited with the United States Pottal Service with sufficient postage for first class mail in an envelope addressed to the Mail Ston ISSUE IDE address above, or being facimile transmitted to the USPIO (571) 273-2885, on the date inclinated below the transmitted to the USPIO (571) 273-2885, on the date inclinated below			
THE SECTION OF THE SE	VA 22314			_				(Depositor's name)
				<u> </u>				(Signature)
				L				(Date)
APPLICATION NO. FILING DATE		FIRST NAMED II		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/575,162 05/24/2006			Roger Rouphac		0563-1071		3-1071	6823
TITLE OF INVENTION TURBOCHARGED ENG	HNE	PLY C	ONTROL METH	OD WHICH IS INTER	NDED, FOR EXAM	APLE. FOR	THE CONTRO	DL OF A
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUR	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE
nonprovisional	NO		\$1510	\$300	\$0		\$1810	03/16/2009
EXAMINER			ART UNIT	CLASS-SUBCLASS	7			
DUFF, DOUGLAS J			3748 060-605100		_			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.53).  Change of correspondence address (or Change of Correspondence Address form PTOOSB/122) attached.  "Tee Address" indication (or "Fee Address" Indication form PTOOSB/17, Rev 0/3-0/2 or more receal) attached. Use of a Custome Number is required.			Correspondence	2. For priming on the patient front page, list (1) the names of up to 2 registered patient attorneys or agenta OR, alternatively, (2) the names of a single firm thaving as a member a 2 YOUNG & THOMPSON 2 registered patient attorneys or agents. If no name is listed, no name will be primed.				
<ol><li>ASSIGNEE NAME AT</li></ol>								
PLEASE NOTE: Uni- recordation as set forth (A) NAME OF ASSIC		ified be eletion	elow, no assignee of this form is NO	data will appear on the T a substitute for filing as (B) RESIDENCE: (CIT			ied below, the d	ocument has been filed for
CONTINEN	TAL AUTOMO	FRANCE	TOULOUSE, FRANCE					
Please check the appropri	ate assignee category or	catego	ries (will not be po	inted on the patent):	Individual 🖾 Co	orporation or	other private gro	oup entity Government
Aa. The following fee(s) are submitted:     ☐ Issue Fee     ☐ Publication Fee (No small entity discount permitted)     ☐ Advance Order - # of Copies				ib. Psyment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☑ Psyment by credit earl Form PTO-2038 is attached. ☑ The Director is hereby suthorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number(s) £012.0 (enclote an extra copy of this form).				
5. Change in Entity Stat	us (from status indicates SMALL ENTITY statu			b. Applicant is no lo		(IF NE	CESSARY	)
NOTE: The Issue Fee and interest as shown by the r	Publication Fee (if requeeneds of the United Sta	iired) v	vill not be accepted	from anyone other than Office.	the applicant; a regi	stered attorn	ey or agent; or th	ne assignee or other party in
Authorized Signature	Benoît	C	entel		Date MAI			
Typed or printed name	BENOIT CAS	CEL			Registration N	lo. 35	041	
This collection of informs an application. Confident submitting the completed this form and/or suggestion	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this but	PR 1.3 U.S.C. USPT den, sh	11. The informatic 122 and 37 CFR O. Time will vary rould be sent to the	n is required to obtain or 1.14. This collection is e depending upon the indi chief Information Offic	retain a benefit by t stimated to take 12 i vidual case. Any co ser, U.S. Patent and	he public wh minutes to co majents on Trademark (	ich is to file (and omplete, includin the amount of the office, U.S. Den	by the USPTO to process) g gathering, preparing, and me you require to complete autment of Commerce, P.O.

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.